



IAP13 Rec'd PCT/PTO 02 NOV 2006

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/516,900
Filed: December 3, 2004
Title: WHALE SAFE ROPE
Inventor: Norman L. Holy
Art Unit: 3643
Confirmation No.: 8734
Examiner: Darren W. Ark
Attny. Docket No.: 147-04

CERTIFICATE OF MAILING
DATE OF DEPOSIT: October 30, 2006

I hereby certify that this correspondence is being deposited with the United States Post Office as first class mail under 37 CFR §1.8, postage prepaid in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown above.

Name of person mailing paper or fee:
John J. Simkanich

SIGNATURE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER WITH CERTIFICATE OF MAILING

Dear Sir:

Enclosed and attached hereto are the following documents:

- (1) Cover Letter with Certificate of Mailing (1 pg.);
- (2) Amendment (7 pgs.);
- (3) Fee Transmittal (1 pg.);
- (4) Check in the amount of \$100 for additional independent claim; and
- (5) Paul & Paul postcard to be returned by PTO.

The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment, to Paul & Paul Deposit Account No. 16-0750.

Respectfully submitted,

John J. Simkanich
Reg. No. 26,036
Paul & Paul
2900 Two Thousand Market Street
Philadelphia, PA 19103
(215) 568-4900

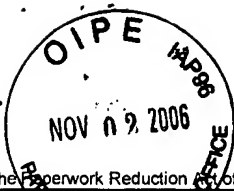
Date: October 30, 2006

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Order No. 4296



PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number 10/516,900

Filing Date December 3, 2004

First Named Inventor Norman L. Holy

Examiner Name Darren W. Ark

Art Unit 3643

Attorney Docket No. 147-04

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 16-0750 Deposit Account Name: Paul and Paul

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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_____ - 20 or HP = _____	x	_____	=	_____
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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4 - 3 or HP = 1	x	100.00	=	100.00
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x	_____	=	_____


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 26,036	Telephone 215-568-4900
Name (Print/Type)	John J. Binkman		Date October 30, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Serial Number: 10/516,900
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AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to a non-final Office Action dated October 16, 2006, stating a requirement for restriction between apparatus claims 1-12 and 18-23 and method claim 12, applicant elects: Claims 1- 12 and 18-23 without traversal.

Kindly amend the above-identified patent application as follows:

Claims - page 6

Remarks - page 7